

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 Princess Street		Amount 125.40	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 Princess Street		Amount 142.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	267.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
01 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1020 Princess Street		Amount 57.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Production	Category/Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1444911.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1020 Princess Street		Amount 38.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Production	Category/Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016
Name of Federal Candidate Marco Rubio		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 242392.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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*Charles R. Spies**[Electronically Filed]*

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 Princess Street		Amount 9.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 005
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 25137.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 Princess Street		Amount 3.80	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 006
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 10054.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 1020 Princess Street		Amount 3.80	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 007
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 12 / 2016	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 10054.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	380.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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